"Jesus Christ Who Was Crucified"

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Time was when some doubt was cast upon the fact that St. Luke was a physician. However, one of the historians who is usually cited as one of the most destructive deniers of this fact was Dr. Adolph Harnack, Professor of Church History at the University of Berlin. Yet, this self same man in his later work, "Luke, the Physician" (published by Putnam's of New York in 1909) made a complete submission to the old-fashioned viewpoint. He conceded that Luke was a "Greek fellow-worker of St. Paul;" that Luke and Paul were "in company for years with Mark, Philip and James," and further, that "Luke had previously been a physician and was evidently well-versed in all the medical lore of that time."

So much for my contention that the Church, even in the days of its inception, sheltered under its wing the practice of medicine—or, at least, of practitioner of medicine. The tradition of friendship and sponsorship of the science, the art and the practice of medicine came down through the centuries to the medieval ages—or, to what the critics of the Church prefer to brand the "Dark Ages."

So much for this letter but in the next few issues to you I will try to develop further the picture. It happens to be of interest to me and I hope to you. Every time I think of this it helps to meet some of the criticisms that come our way.

WILLIAM P. CHESTER, M. D.
President, The Federation of Catholic Physicians' Guild

ANNUAL MEETING of CATHOLIC PHYSICIANS

The annual meeting of the Federation of Catholic Physicians' Guilds will be held in Chicago, June 11. The meeting will consist of a luncheon and a program. All Catholic physicians in attendance at the A. M. A. Convention being held at that time are cordially invited to be present.

Time and place for the meeting will be announced later...save the date!

Wednesday, June 11 — Chicago

"Jesus Christ Who Was Crucified"

FRANCIS P. FURLONG, S. J.

MATTHEW, MARK, LUKE AND JOHN bear witness to the historical fact of the death of Our Saviour on the cross. John, an eye witness, tells how the soldiers when they found Jesus already dead did not break His legs, but one of the soldiers opened His side with a spear and immediately blood and water flowed out. Mark, the faithful mouthpiece of St. Peter, informs us of Pilate’s surprise at the suddenness of Our Lord’s death, and how Pilate had the Centurion summoned to make sure of the fact of death before allowing the body to be taken down from the cross.

In an effort to do their part to satisfy that eagerness which we all have to know more and more about Our Saviour devout medical men continue to discuss professionally what were the circumstances of crucifixion, and what caused the death of Christ. An eloquent address of Dr. John Lyle Cameron, for instance, on "How Our Lord Died" has appeared in Linacre (July 1950) and also in The Irish Ecclesiastical Record (March 1951). Dr. Edward Wight ably discusses the historicity and authenticity of the Holy Shroud of Turin in articles in The Catholic Medical Quarterly (January and April 1951). Then, too, we have the short interesting book of Dr. R. W. Hynek, The True Likeness (Sheed & Ward, 1951). This book on the Shroud also considers in detail the medical aspects of Christ’s passion and death, and presents the experiments and opinions of a number of other doctors whom I shall mention later.

In this present article we shall not discuss whether the Holy Shroud venerated at Turin is actually the long linen sheet in which the dead body of Our Lord was wrapped for His hasty burial that first Good Friday. Dr. Wight and also Dr. Hynek argue that the Shroud itself affords scientific medical evidence of authenticity. Their case is strong. However, let us rather direct our efforts this holy season at getting a deeper realization of what crucifixion actually meant for Jesus in terms of physical suffering and mental anguish. If writing the death certificate of Him who died for you, what would you as a doctor put down as the cause of death?

"They Have Pierced My Hands"

By experimentation on hands just amputated Dr. Barbet determined that the only satisfactory place to nail the hands would be through the Destot space of the wrist. There a stroke of the hammer would drive a nail right through the firm flesh and not a bone of the wrist would be injured in
any way. Such a nail with a clamp-like head would hold fast, and the victim would not tear loose. Nails driven through the palms of the hands could not support the weight of a man's body.

Dr. Hynek mentions that it is generally agreed that crucifixion was carried out by extending both arms as widely as possible on the crosspiece. This meant that it was a purely muscular suspension with the whole weight of the body thrown entirely on the arms. Tension would be set up especially on the great pectoral muscles, and a pull really tremendous established on the chest wall in an upward and outward direction. This is something to be kept in mind when trying to determine the physical cause of the death of Christ.

"... and My Feet"

Since the whole weight was borne by the widely extended arms, the nailing of the contorted feet—likely with but one nail and no foot support—was done only to prevent squirming and kicking. The prophets had foretold that despite the terrible physical torment of the suffering Messias not a bone of Him would be broken. With this in mind, and considering the secure hold desired, it has been suggested that the nail was driven through the second and third intertarsal space.

"They Shall Look on Him Whom They Pierced"

The expert thrust of a Roman soldier's spear went up through the sacred side of Our Saviour and opened wide His great Sacred Heart. "... and immediately there came out blood and water." It is all very well to see in the blood and water which issued from the pierced side of Christ symbols of Baptism and of the Holy Eucharist. But what is the medical explanation of this fact?

It has been claimed by Dr. Judica that the "water" was a serose inflam­mable exudate of traumatic origin, caused in fact by the merciless scourging in the region of the heart. He feels that this condition affecting the function of the heart must have brought it about that: "stab-like pains in the region of the heart, violent and rending: anguish, horror, fever and spasms of suffocation—all these accompanied the dreadful hours preceding the ascent of Calvary, the agony, and the death of Christ."

Dr. Hynek and Dr. Mentl agree that the gradual increase of the oppression of the heart did much to interfere with the circulation of the blood and to cause the spasms and the attacks of suffocation which brought on Christ's death.

Experimentation on corpses, by the way, has shown that St. John accurately reported just what he saw. To faithfully reproduce the conditions of the affected organ, more than 500 cubic centimeters of a colorless liquid were injected in the pericardium. Then the heart was pierced. Blood came forth first, and then the injected liquid. I understand that it usually takes about twenty-four hours for the blood to coagulate in a dead body. In Our Lord's case likely within an hour of His death His Sacred Heart was pierced by the lance of Longinus.

Death Due to ... ?

What was the actual physical cause of Our Lord's death? The recent literature which I have seen rejects hunger, extreme thirst, high fever, blood-poisoning. The arrest, the trials, the crucifixion, the death all take place in those few hours from late Holy Thursday night to three o'clock on the afternoon of Good Friday.

"Precious Blood Outpoured"

Did Our Lord bleed to death? This, too, is rejected on the score that as long as the nails fastened the victim to the cross the bleeding would be slight. No major artery would have been severed, and the bleeding would have been controlled by the presence of the nail. Then we are told that a man can lose almost half the blood in his body and still live.

"A Broken Heart"

This explanation advanced by Dr. Stroud in the past century has won wide acceptance even to our own day. The sudden death of Christ is thus accounted for:

"It can only be explained by the breaking of Our Lord's heart. No mind can possibly fathom the spiritual agony of Christ on the cross: anguish, physical pain, sorrow, spiritual desolation, anxiety, disappointment: all this suddenly accumulated and bore down on the heart of Christ to such a degree that it broke by His own volition. The immediate cause of this was a sudden and violent contraction of the left ventricle of the heart, overflowing with blood from the left auricle."

Today we can accept that explanation only in part. We are most willing to accept the deeply moving consideration that spiritual sufferings hastened the death of the God-Man. How sensitive He must have been to such suffering! But we cannot hold that Our Lord died of a broken heart in the literal sense. The testimony of competent doctors is that the breaking of the heart presupposes congenital weakness, a defective organism. Now that is something which theologians would not admit in that body formed for Our dear Saviour in the womb of His Blessed Mother.
**Surgical Shock?**

From the circumstances of crucifixion, Dr. Cameron reasons to the effect on the victim. Exhausted nerves and muscles, terrible contractions and violent spasms would result in greatly impeded circulation of the blood and in serious interference with the breathing process. Then death would come from shock, that state of bodily collapse with disorder or derangement of the functions of the different organs. One of the complications of surgical shock is the acute dilatation of the stomach which in the early stages is much distended at times with clear water. Obviously we have here another possible explanation of the “water” recorded by the eye witness, John.

**Death from Asphyxia**

From those same terrible circumstances of crucifixion Dr. Hynek concludes to the paramount importance of that complication interfering with the breathing process. Death would come by suffocation. The crucified would die fully conscious and in the most terrible pain. Asphyxia brought on by strangulation, thus substantially the same as death by hanging, ended the life of a man so nailed to a cross. True, the supply of air to the lungs was not cut off by crucifixion, but the body itself through a resulting deranged condition of the diaphragm was made incapable of carrying out the movements necessary for breathing. The inevitable result was death by asphyxiation, death by suffocation.

**Concluding Prayer**

It may be hoped that the brief consideration of the medical facts of crucifixion will help us to appreciate all the more the reality of God’s love for us. It should also encourage us to make use of the concluding prayer of the beautiful votive Mass of the Passion of Our Lord:

“O, Lord Jesus Christ, Son of the living God, Who at the sixth hour didst mount the gibbet of the cross for the redemption of the world, and shed Thy precious blood that our sins might be washed away; we humbly beseech Thee that after our death Thou wouldst suffer us to pass with joy through the gates of heaven.”

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**Medico-Moral Notes**

**GERALD KELLY, S. J.**

**Prize Fighting**

In THEOLOGICAL STUDIES (March, 1951, pp. 73-78) I referred to a number of articles and statements on the morality of prize fighting. I admitted the controversial nature of the topic, but I expressed my personal opinion that prize fighting as we have it today is morally unjustifiable because of the brutality involved in the fighting and manifested by the spectators. In a later number of Theological Studies (September, 1951, pp. 301-319), Fr. Eugene Hillman, C.S.Sp., discussed the subject much more thoroughly. Speaking of professional boxing, and of amateur boxing in so far as the same conditions prevail, Fr. Hillman condemned the sport on three counts: (1) the purpose of the fighters is to give blows calculated to deprive the opponent of consciousness; (2) great damage is done to the brain, with progressive impairment of functions and loss of mental power; and (3) the fighting caters to the beast in spectators, i.e., to crude emotionalism and brutality.

At approximately the same time as Fr. Hillman’s article appeared, Thomas A. Gonzales, M. D., published a vindication of boxing in an article entitled “Fatal Injuries in Competitive Sports” (JAMA, August 18, 1951, pp. 1506-1511.) The main point made by Dr. Gonzales is that, according to statistics for New York covering a period of thirty-two years, the proportionate number of fatal injuries in boxing is less than it is for football or baseball. He concludes from this that the moral and physical benefits to be derived from boxing outweigh the dangers.

It should be noted that the case against boxing is based not so much on the fatalities as on the injuries deliberately and necessarily caused in the sport as carried on today. Dr. Gonzales passes rather lightly over the question of injuries, whereas Fr. Hillman builds a very strong case on the basis of medical testimony. This question will undoubtedly be debated for some time, and medical opinion regarding the injurious effects of boxing will play a large part in the formulating of opinions concerning the morality of the sport. An expression of your own findings and opinions would be appreciated.

**Vaginal Tampons — Again**

In two previous issues of LINACRE QUARTERLY I have referred to the use of vaginal tampons during menstruation. In February, 1950, (pp.